REPORT OF CAMPAIGN CONTR CHECK APPROPRIATE BOXES—PLE	IBUTIONS AND EXPENDITURES ASE TYPE OR PRINT IN BLACK INK	FOR OFFICE USE ONLY
FORM Quarterly Report: (Check one:) 1st		STATE BOARD OF ELECTION Office of Fice
D-2 Final Report (Fund balance Amendment of the Report		2021 OCT 20 PH 10: 37
Full name and complete mailing address of Polltical Committee:	CHECK FOR ADDRESS CHANGE	COMMITTEE ID #
Citizens To ELECT	_	
Christina Neitzke-Troike		36913-8
13263 W. H. AWATHA Dr.		36113-0
HOMET BIEN IL-6049/ E-mail address: CADE THE RESERVE HANGE		
E-mail address: CNeT+ LLE 42@ Yahoo. Com CH REPORTING PERIOD CASH AVAILABLE AT BEGINNING	ALL POLITICAL COMMITTE	EES RETURN TO:
OF REPORTING PERIOD:	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08
July 1 Sept 30 \$ D	SPRINGFIELO, IL 62704-4503	CHICAGO, IL 60602-3026
FROM THRU Repeat this amount in SECTION D, Line (A) SECTION A — RECEIPTS	SECTION B — E)	(PENDITURES
1. Individual Contributions	6. Transfers Out	
a. Itemized (from Schedule A): \$ (1a)	a. Itemized (from Schedule B):	\$(6a)
b. Not-Itemized: \$(1b)	b. Not-Itemized:	\$(6b)
2. Transfers in	7. Loans Made a. Itemized (from Schedule B):	s (7a)
a. Itemized (from Schedule A): \$ (2a) b. Not-Itemized: \$ (2b)	b. Not-Itemized:	5 (7b)
3. Loans Received	8. Expenditures	T (12)
a. Itemized (from Schedule A): \$(3a)	a. Itemized (from Schedule B):	\$(8a)
b. Not-Itemized \$(3b)	b. Not-Itemized	\$(8b)
4. Other Receipts a. Itemized (from Schedule A): \$(4a)	 Independent Expenditures Itemized (from Schedule B- 	9): \$ (9a)
b. Not-Itemized \$(4b)	b. Not-Itemized	\$(9b)
TOTAL RECEIPTS (1a thru 4b) \$(TR)	TOTAL EXPENDITURES (6a thru	9b)\$(TE)
5. In-Kind Contributions	SECTION C — DEBTS AND OBLIGATIONS [Include previously reported unpaid debts]	
a. Itemized (from Schedule I): \$(5a)	10. a. Itemized (from Schedule C):	\$(10a)
b. Not-Itemized \$(5b)	b. Not-Itemized	\$(10b)
TOTAL IN-KIND (5a + 5b) S(TI)	TOTAL DEBTS & OBLIGATIONS	\$\$
+#************************************	SECTION D — CASH BALANCE	
Name and address of person submitting this report <u>if other</u> than the committee's Chair or Treasurer:	Cash available at beginning reporting perio	of s (A)
	Total Receipts from Section A (T	
	Total cash (A) plus ((B): \$(C)
	Total Expenditures from Section B (T	E): \$(D)
	Funds available at close reporting period (C minus D	of \$(E)
	Investments total (If applicabl	
VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.		
UP TO \$5000.		

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE
THIS FORM MAY BE REPRODUCED

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DATE 10-20-21